

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	MUCOSAL IMMUNIZATION TO PREVENT PRION INFECTION
Attorney Docket Number::	05986/100M536-US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Thomas
Family Name::	Wisniewski
City of Residence::	Staten Island
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	86 Ward Avenue
City of mailing address::	Staten Island
State or Province of mailing address::	NY
Postal or Zip Code of mailing address::	10304

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Iceland  
Status:: Full Capacity  
Given Name:: Einar  
Middle Name:: M.  
Family Name:: Sigurdsson  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 131 East 93rd Street, Apt. 5C  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10128

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Uruguay  
Status:: Full Capacity  
Given Name:: Jose  
Middle Name:: Alejandro  
Family Name:: Chabalgoity  
City of Residence:: Montevideo Cp  
Country of Residence:: Uruguay  
Street of mailing address:: Mac Eachen 1426  
Ap 101  
City of mailing address:: Montevideo Cp  
Country of mailing address:: Uruguay  
Postal or Zip Code of mailing address:: 11600

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Argentina  
Status:: Full Capacity  
Given Name:: Fernando  
Middle Name:: R.  
Family Name:: Goni

City of Residence:: Montevideo Cp  
Country of Residence:: Uruguay  
Street of mailing address:: Bvar Espana 2904 Ap 901  
City of mailing address:: Montevideo Cp  
Country of mailing address:: Uruguay  
Postal or Zip Code of mailing address:: 11300

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Blas  
Family Name:: Frangione  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 330 East 38th Street, Apt. 35B  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10016

#### **Correspondence Information**

Correspondence Customer Number:: 07278

#### **Representative Information**

Representative Customer Number:: 07278

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/16242	05/20/04
PCT/US04/16242	An application claiming the benefit under 35 USC 119(e)	60/472,262	05/20/03

## **Foreign Priority Information**

### **Assignee Information**

Assignee name::	New York University
Street of mailing address::	70 Washington Square South
City of mailing address::	New York
State or Province of mailing address::	NY
Postal or Zip Code of mailing address::	10012